The Global Society on Migration, Ethnicity, Race and Health

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Why race can't be ignored even if it causes discomfort

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The first World Congress on Migration, Ethnicity, Race and Health took place in Edinburgh, Scotland in 2018, jointly hosted by the European Public Health Association (EUPHA) with the scientific abstracts published by the EJPH.[1] Migration, ethnicity and race are sensitive yet unavoidable topics in today's globalised, multicultural societies.[2] Their impact on health and well-being is beyond doubt, but understanding how and why and addressing the consequent disparities and injustices are huge global challenges. The aim of the Congress was to bring together researchers, practitioners, community members, activists and policymakers from across the world who were working on at least one of these three intersecting health-related topics. It was driven by a vision that much would be gained by sharing information, insights and concerns and working together to improve the health of all. At the outset, there was a fierce debate about its name, in particular about whether to include the word race. Some argued it was a discredited concept. It was decided to retain it while providing Congress participants with a glossary of definitions for migration, ethnicity, race and other related words, aimed at creating a shared vocabulary and enhancing mutual understanding.[3]

The Congress was highly successful. One outcome was a decision to set up a Global Society to further the aims of the Congress by stimulating research and debate and promoting positive change. However, the controversy about race was reignited during the Working Committee's preparations for launching the Global Society, leading to a series of deep and heartfelt discussions. Many alternatives titles were considered including placing inverted commas around race, switching it to racism or race relations and removing it from the title. The latter was probably the easiest way to smooth our path. After long deliberation, however, a near unanimous consensus was reached to retain the original title. Here we explain why.

Migration is, "the movement of people either across an international border or within a country".[3] It is arguably the most important factor in the success of humanity, and will

continue to shape human history. It accelerates change through the intermingling of peoples, leading to cultural and genetic vigour, economic innovation and progress. However, the flight of refugees from Syria and Myanmar and the ongoing tensions at the US-Mexican border are just three recent examples of the human suffering and political turmoil that migration can produce, endangering health and well-being in numerous ways. The coronavirus pandemic has jeopardised millions of migrant workers, asylum seekers or undocumented migrants across the world, because of COVID-19 itself or unemployment and social exclusion due to lockdowns and border closures.[4]

Ethnicity or ethnic group refers to "the social group a person belongs to and either identifies with or is identified with by others as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features".[3] Everyone has an ethnicity, albeit often complex, multi-faceted and subject to change over time and from one generation to another. Categories can be broad-brush such as South Asian or African, or fine-grained, such as Māori, Hasidic Jew or Roma. In some countries, a high proportion of the population are willing to self-report their ethnicity using a classification developed with community participation.[5] Recording self-identified ethnic group during a census or hospital admission has revealed a wide range of important health differences between ethnic groups.[1]

Information has recently emerged in the UK and elsewhere that some ethnic groups are more likely to become infected with SARS-CoV-2 or develop severe forms of COVID-19.[6] However, as societies become ever more diverse and cultures adapt and converge, the usefulness of such categorisations may diminish. There is also the danger of an ethnocentric view - seeing the world from the standpoint of one ethnic group, typically by using the White or another majority ethnic group as the norm or standard.

Race is "the group a person belongs to as a result of a mix of physical features such as skin colour and hair texture, which reflect ancestry and geographical origins."[3] With economic

and scientific advances in Europe, the self-serving idea of White superiority was legitimised by leading scientists who used physical characteristics to classify people into a racial hierarchy, even if not the intention of Blumenbach, one of the most influential.[7] This lethal concept helped justify foreign conquests, empire-building, slavery, the annihilation of Indigenous peoples, forcing entire populations into servitude and the Holocaust.

After the Second World War, the United Nations meticulously examined the concept of race and concluded without reservation that the biological classification of human populations by race has no scientific basis.[8] Nevertheless, race remains a pervasive idea in many societies, most often based on skin colour. Racial categorisation may, sometimes inadvertently, contribute to racism, "the belief that some races are superior to others, used to devise and justify individual and collective actions which create and sustain inequality among racial/ethnic groups",[3] an idea we wholly repudiate. Structural or systemic racism remains deeply embedded in the culture, legislation, policies and organisational practices of many countries. The health professions are no exception, as a special issue of the British Medical Journal recently demonstrated. The killing of the African American, George Floyd, by a White policeman in Minneapolis and the subsequent global upsurge in support for the Black Lives Matter movement have highlighted the continuing daily impact of racism on millions of people in the US and elsewhere. Racism is a potent driver of health inequalities in numerous ways, exacerbated by its intersectionality with other determinants of health such as low socio-economic status and gender-based violence.[9]

Most English-speaking and many other countries have human rights and anti-discrimination laws which explicitly refer to race or the equivalent word. The US Government has been collecting data on race in its census since 1790.[1] Since 1997, it has identified five minimum categories for race and two for ethnicity in its census and other surveys.[1] While both race and ethnicity are routinely used terms of classification in the health and social sciences in the US,

ethnicity (or country of birth) is favoured in Europe. In a recent analysis, about half of all relevant scientific papers listed in Medline referred to race and half to ethnicity, with some using both e.g. race/ethnicity.[10] Thus, as race and ethnicity are often used synonymously, only using ethnicity does not banish race from our thinking but renames it.

We have therefore concluded that migration, ethnicity and race are interrelated terms that are all essential for understanding global health and confronting health inequities. Rather than rejecting race because it makes us uncomfortable or reminds us of some of the gravest crimes recorded in human history, we should openly discuss its meaning and contemporary relevance, and strive to prevent its abuse. The Global Society on Migration, Ethnicity, Race and Health will uphold the principle that we all have an equal right to health and access to health care regardless of our appearance, heritage, place of origin, gender, religion, disability or sexual orientation.

For more information about the Global Society, visit www.gsmerh.org. A full list of references is available from the corresponding author.

Funding None.

Conflicts of interest None declared

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